## PATENT APPLICATION FEE DETERMINATION RECORD

Effectiv October 1, 2001

Application or Docket Number

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| Flicont Coroso (1 ====   |  |   |   |                      |                                  |                  |        |                     | 9 6.7                  | <u> </u> | _لٽ/                |                        |  |
|--|--|---|---|----------------------|----------------------------------|------------------|--------|---------------------|------------------------|----------|---------------------|------------------------|--|
|  |  | CLAIMS AS                                 | S FILED - PART I<br>(Column 1)                |                      | (Column 2)                       |                  |        | SMALL ENTITY TYPE   |                        | OR       | -                   | ER THAN<br>L ENTITY    |  |
| TOTAL CLAIMS   |  |   | IP  |                      |                                  |                  |        | RATE                | FEE                    |          | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED                                  |                      | NUMBER EXTRA                     |                  |        | BASIC FEE           | 370.00                 | OR       | ASIC FEE            | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=                                     |                      |                                  |                  |        | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | 2 min   | *                    |                                  |                  | X42=   |                     | OR                     | X84=     |                     |                        |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT  |                      |                                  |                  |        | +140=               |                        | OR       | +280=               |                        |  |
| * If the difference in column 1 is less than zero, ente  |  |   |   |                      | r "0" in c                       | olumn 2          |        | TOTAL               |                        | OR       | TOTAL               | 7Lin                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |   |                      |                                  |                  | ).     | SMALL               | ENTITY                 | OR_      | OTHER<br>SMALL I    | THAN                   |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| D.   | Total  | · 20                                      | Minus   | ** ó                 | 20                               |                  |        | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| MEN  | Independent                                    | • 4                                       | Minus   | ***                  | 3                                | = /              | -      | X42=                |                        | OR       | X84=                | 86                     |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |   |                      |                                  |                  | +140=. |                     | OR                     | +280=    |                     |                        |  |
|  |  |   |   |                      |                                  |                  |        | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | (Column 1)                                |   | (Colu                | ımn 2)                           | (Column 3        | 3)_    | ADDII. FEE          |                        |          |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>YOUSLY<br>D FOR  | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus   | **                   |                                  | s .              |        | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| MEN  | Independent                                    | *   | Minus   | ***                  |                                  | -                | 4      | X42=                |                        | OR       | X84=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                      |                                  |                  | J      | +140=               |                        | OR       | +280=               |                        |  |
|  | R  | est Avo                                   | rilable                                       | CO                   | ygc                              |                  |        | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | (Column 1)                                | <b>,,, ,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      | umn 2)                           | (Column 3        | 3)_    | , 50,               |                        |          |                     |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIC<br>NU<br>PREV    | BHEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus   | **                   |                                  | 2                |        | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus   | ***                  |                                  |                  | 4      | X42=                |                        | OR       | X84=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                      |                                  |                  | L      | +140=               |                        | OR       | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |   |                      |                                  |                  |        |                     |                        | OR       | TOTA                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                      |                                  |                  |        |                     |                        |          |                     |                        |  |
| •  | -  |   |   |                      |                                  |                  |        |                     |                        |          |                     | NE COMMERC             |  |